

# Utah State Hospital Policies and Procedures Clinics

Utah State Hospital Clinics serves Utah State Hospital patients exclusively: patients who are generally acute and chronic psychiatric patients. No clinics services are available for Utah State Hospital employees. Clinics services are performed when ordered by Utah State Hospital authorized prescribers including psychiatrists, medical physicians, and nurse practitioners. Clinics includes dental clinic, podiatry clinic, optometry clinic, audiology clinic, neurology clinic (which includes EEG's).

Hearing and vision screening occurs for patients at the time of admission. Patients with speech problems are referred to consultants in the community for assessment and appropriate treatment.

1. Child and adolescent patients are screened by a nurse or nurse practitioner for hearing and visual problems.
  - 1.1 If a deficiency is noted, a report form for hearing and vision is completed, with a copy of the report placed in the patient's medical and educational file.
  - 1.2 The child or youth is referred to an appropriate consultant in the community for treatment and/or corrective appliances.
2. Adult patients are screened for hearing and vision at the time of admission during the physical examination. This is completed by personnel from Medical Services.
  - 2.1 If a hearing deficiency is noted, referral is made to a service provider.
  - 2.2 If a vision deficiency is noted, referral is made to the optometry clinic for evaluation.

Implemented: 7-12-89

Reviewed Last 02/02

Utah State Hospital provides optometry assessment and treatment for its inpatient community in an ambulatory care clinic setting.

1. Scope of Service:
  - 1.1 general optometric examinations;
  - 1.2 diagnostic eye studies;
  - 1.3 diagnostic pharmaceutical agent use and evaluation;
  - 1.4 diabetic ocular screening and evaluation;
  - 1.5 visual field testing;
  - 1.6 spectacle prescriptions;

- 1.7 contact lens management and instruction;
- 1.8 non-invasive management of lid conditions;
- 1.9 recommendations for topical treatments;
- 1.10 non-invasive lacrimal function evaluation;
- 1.11 corneal abrasion management;
- 1.12 fluorescein use and evaluation;
- 1.13 gonioscopy;
- 1.14 referrals to ophthalmologists.

2. Organization, Direction, Staffing.

- 2.1 The optometry service is directed and supervised by a licensed optometrist who is a member of the Integrated Medical Staff and who has clinical privileges for the procedures included in the scope of service described under #1. The Director of Optometry Services is qualified to assume management and administrative responsibility for the optometry service.
- 2.2 The Director of Optometry Services directs the medical assistant for his/her clinic.
- 2.3 The Director of Optometry Services is responsible to and receives general direction from the Director of Medical Services.
- 2.4 The optometry service includes a medical assistant who assists the Director of Optometry Services.

3. Mechanism for Patient Referral.
  - 3.1 Utah State Hospital authorized prescribers, the patient's attending physician, or Medical Services write a physician's order for optometry consult assessment and/or treatment, specifying rationale and clinical findings in the progress note section of the medical record.
  - 3.2 Medical Services, the prescribing physician, or nursing services completes the consultation request form, specifying rationale for referral, clinical findings, and any other pertinent information helpful to the optometrist. The optometrist is available for at least 8 hours per month.
4. Medical Record
  - 4.1 The hospital medical record accompanies the patient to the optometry appointment.
  - 4.2 The eye exam form including the consultation, diagnosis, treatment, and recommendations is returned to the treatment unit with the patient on the consultation request form.
  - 4.3 Prescriptions for eyeglasses may be used by the patient's family to obtain eyeglasses, or eyeglasses may be obtained through the Director of Optometry Services. The medical assistant may facilitate the ordering of eyeglasses by the latter method, working in conjunction with the patient's unit environmentalist and the Hospital Business Office regarding the patient's resources for the purchase of eyeglasses.
5. The quality and appropriateness of patient care provided by the optometry service are monitored and evaluated, and identified problems are resolved.

Reviewed 0/202

## **Chapter 3 Optometry**

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### **PROTOCOL:**

1. After the patient has been seen in the clinic and there is a need for eyeglasses, the Clinics Coordinator e-mails the Unit Environmentalist the results of the exam, the patient need, and the estimated cost of the eyeglasses.
2. The optometrist provider writes a prescription for the eyeglasses and includes whether the need is immediate.
3. The Clinics Coordinator orders the eyeglasses from the Springville Eye Clinic, picks them up and delivers them to the patient unit.
  - 3.1 If eyeglasses are optional for the patient the Clinics Coordinator notifies the Unit Environmentalist (via e-mail) of the results of the exam, the patient need, and the estimated cost of the eyeglasses.
    - 3.1.1 The Unit Environmentalist notifies the Clinics Coordinator and the Business Office when funding is procured.
4. The Clinics Coordinator notifies the Business Office when any eyeglasses are ordered from the Springville Eye Clinic.
5. The Business Office pays the Springville Eye Clinic directly for any eyeglasses purchased.
  - 5.1 The Business Office may bill the patient unit or acquire other sources of funding for the eyeglasses.

1/01; 02/02

## **Chapter 3 Optometry**

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### **POLICY:**

Optometry clinic is readily accessible to USH patients.

### **PROCEDURE:**

1. Physician's orders are required for all referrals to optometry.
2. A consultation form is filled out by the RNP/MD or RN based upon the RNP/MD progress note and includes rationale for visit and/or suspected pathology.
3. The unit clerk or designee e-mails to CLINIC to request an appointment.
  - 3.1 The scheduler calls or e-mails the unit to make the appointment for the optometry visit.
4. On the date of the appointment, the unit clerk or designee marks the physician's order so that it is easily identified for the visit and send the chart with the patient to the clinic.
  - 4.1 The clinics assistant checks the chart for the appropriate physician's order.

- 4.2 If no physician's order is present, the clinics assistant may refuse to have the patient seen until an order is written.
5. Consultation forms are returned with the patient and staff after the appointment.
  6. All orders written or recommended by the optometrist are reviewed and ordered by USH medical services.
  7. Unit nursing personnel may assist clinic coordinator by providing information regarding patient's ability to pay for such items as glasses, etc.

12/87; 4-94; 5/98; 11/98; 02/02 podoptom.pol

**POLICY:**

Audiology clinic is readily accessible to USH patients.

**PROCEDURE:**

1. Physician's orders are required for all referrals to the audiology clinic.
    - 1.1 The MD/NP checks the patient's ears to be sure they are clear of all cerumen and cleans their ears if necessary prior to the audiology appointment.
  2. A consultation form is filled out by the RNP/MD or RN based upon the RNP/MD progress note and includes rationale for visit and/or suspected pathology.
  3. The unit clerk or designee sends the consult form to XRAY to request an appointment.
    - 3.1 The scheduler calls or e-mails the unit to make the appointment for the audiology clinic.
  4. On the date of the appointment, the unit clerk or designee marks the physician's order so that it is easily identified for the visit and send the chart with the patient to the clinic.
    - 4.1 The technician checks the chart for the appropriate physician's order.
    - 4.2 If no physician's order is present, the technician may refuse to have the patient seen until an order is written.
  5. The patient chart is returned with the patient and staff after the appointment. A preliminary report is completed on the consultation form. The final report is dictated and sent to the unit.
  6. All recommendations by the audiologist are reviewed by the unit MD/NP.
- 5/98; 02/02 audiol.pol

**PROTOCOL:**

1. When a physician's order is written for a speech and language assessment, the unit clerk follows the protocol for off grounds appointments.
2. The Speech and Language Assessments are completed at UVRMC and the appointment is made by calling 371-7448 to arrange the appointment.
3. Speech and Language Assessments DO NOT include audiology assessments-- these assessments are arranged via e-mail to XRAY.

3/98; 02/02 splang.pro

## Policy

The Utah State Hospital provides dental services for its inpatient community. Dental health care needs of patients are assessed, and treatment is provided.

## Procedure

1. Staff Composition and Supervision.
  - 1.1 The Dental Service is directed and supervised by a licensed dentist, who is a member of the Hospital Medical Staff and has hospital-specific clinical privileges. The Director of the Dental Service is qualified to assume management and administrative responsibility for the Dental Service.
    - 1.1.2 The Director of the Dental Service is responsible to and receives general supervision from the Hospital Clinical Director.
  - 1.2 The Dental Service includes one full-time dental assistant who is supervised by the Dental Service Director and is responsible to assist the Dental Service Director in all clinical procedures.
    - 1.2.1 The Dental Assistant is administratively supervised by the Assistant Nursing Administrator.
2. Each patient admitted to Utah State Hospital is provided with an initial dental examination within sixty days of admission unless there are reasonable scheduling difficulties, patient refusal, directives from the attending physician, agitation, significant elopement risk or other major concern.
  - 2.1 When patients are given their initial dental examination, they are provided with a complete explanation of the condition of their teeth and mouth. When problems are apparent that might be improved by better oral hygiene, the patient is given instruction in such techniques by the hospital dental assistant. This instruction includes, but is not limited to, the following: brushing, flossing, cleansing of the mouth, eating habits, care of dentures.
  - 2.2 The dental assistant is available upon request to come to the treatment units to provide instruction to patients or inservice training to staff on proper oral hygiene techniques.
  - 2.3 Oral hygiene aids for patients are available from the Dental Clinic upon request.
  - 2.4 Subsequent appointments for routine care, restorative work, dental emergencies, annual examinations, etc., are made and the necessary dental work completed.
3. Patients who remain in the hospital for one year or longer are given annual dental examinations within a sixty-day period of the anniversary of the initial dental examination.



- 3.1 Patients discharged and re-admitted before their annual examination anniversary date are not seen until that date, unless emergent circumstances require otherwise. Findings on the annual examination and recommendations for treatment are documented in the dental record and explained to the patient.
4. Patients receiving Dilantin are scheduled for prophylaxis every three months to control hyperplasia.
5. Emergency dental services are available for the Utah State Hospital patient population 24 hours a day.
  - 5.1 The Dental Services Director is on call at all times. He/she can be reached through the Dental Clinic Monday and Thursday, 0630 to 1700 hours, and through the hospital switchboard at all other hours.
  - 5.2 When the Dental Services Director is unavailable, another dentist from the private partnership of the hospital dentist covers emergencies.
6. Patients requiring the services of a dental specialist are referred to a local practitioner specializing in the service needed. The referral is made when the attending physician and Dental Services Director agree that the treatment is necessary but unable to be provided by the Utah State Hospital.
7. Due to the relatively short stay of most patients, orthodontic treatment is not to be done. Patients who are in the process of having orthodontic treatment are seen by their orthodontist as often as necessary through home visits and therapeutic leaves.
8. Restorative work such as dentures, bridges, crowns, etc., is done at the hospital as ordered by the patient's attending physician, providing the patient remains at the hospital long enough to have the work completed and providing that the laboratory materials can be paid for either by the patient, the patient's family, dental insurance, or Title XIX eligibility.
9. If a patient is opposed to having dental treatment at the hospital, it is noted by the attending physician or the Dental Services Director in the dental chart. The patient may make arrangements with a private dentist in the local community for the treatment. Such arrangements are paid for by the patient.
10. The Dental Service is located in the M S Building on the second floor. The Dental Clinic consists of the following:
  - 10.1 Office space for the Dental Services Director and certified dental assistant.
  - 10.2 Two dental operatory, equipped as needed, where examinations, evaluations, and treatment shall occur.

- 10.3 Two dental operatory, equipped as needed, where x-rays shall be taken, anesthesia administered, and impressions taken.
- 10.4 One dental laboratory, to be used primarily for the repair of dentures.
- 10.5 One x-ray developing room.
- 11. Radiology equipment used in the dental clinic is limited to dental use
- 12. All dental instruments are sterilized between each patient use--the autoclave in Central Supply is used by the dental assistant to sterilize all necessary equipment.

02/02; 08/02

## **Chapter 6 Dental Services**

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### **Policy**

Precautions are taken to prevent unnecessary radiation exposure to patients and staff in the Utah State Hospital dental clinic.

- 1. Gonadal shielding is used on patients during radiologic examinations.
- 2. Radiologic exposures do not exceed exposure limits established by the Utah Bureau of Radiation Control.
  - 2.1 Radiographic equipment is certified every five years by the Bureau of Radiation Control as meeting established criteria. Negative determinations by the bureau are addressed as indicated.
- 3. The dental clinic staff stand behind a barrier wall when making exposures.

02/02

## **Chapter 6 Dental Services**

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### **POLICY:**

All patients admitted have an admission dental examination which is repeated yearly. Patients are then seen on a PRN basis. Youth and Children receive dental exams every 6 months.

### **PROCEDURE:**

- 1. The dentist is at Utah State Hospital Monday, Tuesday and Thursday, 8:00 a.m. to 5:00 p.m. for regular appointments and is available for emergencies on other days.
- 2. The clinics manager is here Monday through Thursday, 7:30 a.m. to 5:30 p.m. to make appointments.
- 3. The chart accompanies the patient to the dental appointment.
- 4. The dentist or dental assistant completes their documentation requirements in the patients progress notes or dental flow sheet.
  - 4.1 The dental clinic maintains a copy of the patient's dental records.
- 5. All orders for medication and treatment by the dentist must be approved by the units' medical services personnel.
  - 5.1 The staff RN on duty is responsible to contact the RNP/MD for verification of all dental orders.

12-87, 6-90; 4-94; 5/98; 02/02 dental.pol

## Chapter 6 Dental Services

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**Protocol:** To reduce the risk of complications following oral surgery, please read and follow the instructions below:

1. Do not rinse your mouth or gargle with anything for the first 24 hours. This is most important to insure proper healing.  
  
Warm salt water rinses are recommended after the first 24 hours, as well as careful brushing after 48 hours.
2. Do not disturb the wound with the tongue or fingers. Bite on the gauze pack provided for ½ hour before changing.  
  
Some oozing of blood is normal following surgery. It can be controlled by applying pressure by biting on the gauze or a tea bag.
3. PAIN For extensive oral surgery a prescription for medicine to control any discomfort will be given. Quite often, only minor discomfort is experienced and can be controlled by taking Ibuprofen every 3-4 hours.
4. INFECTION If necessary, a prescription for an antibiotic will be given.
5. SWELLING Some swelling usually occurs following oral surgery. To minimize this, apply an ice bag over the cheek for 15-20 minutes, then remove for 10 minutes. Do this during the first 24 hours; after that, warm moist packs will aid in having the swelling go down.
6. DIET A soft diet of moderate temperature is recommended for the first day or two. Drink large amounts of fluids. Avoid hot, spicy foods. Do not drink fluids with a straw for the first day.
7. Call the dental clinic or the MD/NP if there is unusual bleeding or severe pain or swelling in 2-3 days following surgery.

5/98; 02/02 dental.pol

## Chapter 6 Dental Services

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### Protocol:

1. All new patients have an admission dental exam.
  - 1.1 This appointment is made by e-mailing the patient's name to CLINICS.
  - 1.2 The scheduler makes the appointment and notifies the unit of the date and time of the appointment.
2. When patients are in need of a dental appointment, the following is done:
  - 2.1 The unit clerk or designee e-mails to CLINIC to request an appointment.
    - 2.1.1 The scheduler calls or e-mails the unit to make the appointment for the dental visit.
  - 2.2 On the date of the dental appointment, the unit clerk or designee marks the physician's order so that it is easily identified for the dental visit and send the chart with the patient to the clinic.

3/98; 5/98; 02/02 dental.pro

## Chapter 6 Dental Services

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### Protocol:

1. After the patient has been seen in the clinic and there is a need for dentures, orthotics or other dental work such as crowns, the Clinics Coordinator e-mails the Unit Environmentalist the results of the exam, the patient need, and the estimated cost of the appliance.
2. The clinics provider writes an order for the necessary the dentures, orthotic, or other appliance on the physician's order sheet of the patient's chart and includes whether the need is immediate.
3. The Clinics Coordinator orders the dentures, orthotic, or other appliance and has them delivered to the patient unit.
  - 3.1 If the dentures, orthotic, or other appliance are optional for the patient the Clinics Coordinator notifies the Unit Environmentalist (via e-mail) of the results of the exam, the patient need, and the estimated cost of the dentures, orthotic, or other appliance.
    - 3.1.1 The Unit Environmentalist notifies the Clinics Coordinator and the Business Office when funding is procured.
4. The Clinics Coordinator notifies the Business Office to find additional funding when needed for dentures, orthotic, or other appliance that are ordered ( she includes the provider's name and the approximate cost).
5. The Business Office pays the provider directly for any the dentures, orthotic, or other appliance purchased.
  - 5.1 The Business Office may bill the patient unit or acquire other sources of funding for the dentures, orthotic, or other appliance.
6. The Clinics Coordinator arranges for the patient to be fitted with the dentures, orthotic, or other appliance.

Utah State Hospital provides podiatry assessment and treatment for its patients as indicated.

1. Scope of Service:
  - 1.1 diagnosis;
  - 1.2 general palliative treatment;
  - 1.3 orthotic controls;
  - 1.4 treatment for sprains, fungal infections, and verrucae;
  - 1.5 reconstructive and/or corrective surgery referral;
  - 1.6 preventative foot care/instructions to patients with diabetes or circulatory problems;
  - 1.7 minor superficial surgery with the use of local injectable anesthetic only, e.g., removal of corns, callouses, plantar warts.
2. Organization, Direction, Staffing.
  - 2.1 The podiatry service is directed and supervised by a licensed

podiatrist. The Director of Podiatry Services is qualified to assume management and administrative responsibility for the podiatry service.

- 2.2 The Podiatrist directs the medical assistant during the clinic hours.
  - 2.3 The Director of Podiatry Services is responsible to and receives general supervision from the Director of Medical Services.
  - 2.4 The podiatry service receives administrative assistance and support from the Nursing Administrator in the areas of personnel management, environment, and expenditures.
  - 2.5 The podiatry services includes a medical assistant who assists the Podiatrist in assessments and treatments, schedules appointments for initial and follow-up care, and acts as the liaison between the podiatry service and the treatment units.
3. Mechanism for Patient Referral.
    - 3.1 The patient's physician, or Medical Services personnel writes an order for podiatry assessment/treatment, specifying rationale and clinical findings in the progress notes section of the medical record.
    - 3.2 The consultation request form is sent to the podiatry service by unit nursing personnel, and the medical assistant schedules an appointment for the earliest convenient time.
    - 3.3 Report of consultation, diagnoses, and treatment and recommendations is returned to the treatment unit with the patient on the consultation request form. All recommendations for medication/treatment are reviewed and ordered by Medical Services at their discretion prior to implementation. Standard orders are not used in relation to podiatry services.

02/02

## **Chapter 7 Podiatry**

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### **POLICY:**

Podiatry clinic is readily accessible to USH patients.

### **PROCEDURE:**

1. Physician's orders are required for all referrals to podiatry clinic.
2. A consultation form is filled out by the RNP/MD or RN based upon the RNP/MD progress note and includes rationale for visit and/or suspected pathology.
3. The unit clerk or designee e-mails to CLINIC to request an appointment.
  - 3.1 The scheduler calls or e-mails the unit to make the appointment for the podiatry visit.
4. On the date of the appointment, the unit clerk or designee marks the physician's order so that it is easily identified for the visit and send the chart with the patient to the clinic.
  - 4.1 The clinics assistant checks the chart for the appropriate

- physician's order.
- 4.2 If no physician's order is present, the clinics assistant may refuse to have the patient seen until an order is written.
  5. When the need to see the podiatrist is emergent, the unit clerk or designee calls the clinic at ext 44622.
    - 5.1 The clinics assistant makes the appointment for the podiatry visit.
    - 5.2 If there is no response to the phone call, the RN may make the decision to send the patient to the clinic without an appointment.
      - 5.2.1 A physician's order must be present in the chart.
  6. Consultation forms are returned with the patient and staff after the appointment.
  7. All orders written or recommended by the podiatrist are reviewed and ordered by USH medical services.
  8. Unit nursing personnel may assist clinic coordinator by providing information regarding patient's ability to pay for such items as orthotics, etc.
- 12/87; 4-94; 5/98; 11/98; 02/02 podoptom.pol

Utah State Hospital provides neurology assessment and recommendations for the treatment of inpatient community in an ambulatory-care clinic setting by appointment for approximately twelve hours per month.

1. Scope of Service.
  - 1.1 Evaluation, examination, assessment, and recommendations for treatment provided for patients with seizure disorders, movement disorders, neurological deficits, and neurological problems related to trauma and/or drug abuse.
  - 1.2 Written evaluations of electroencephalograms (EEG's) are performed at the hospital by a registered EEG technician.
2. Organization, Direction, and Staffing.
  - 2.1 The neurology service is directed and supervised by a board-certified neurologist who is a member of the integrated medical staff and possesses hospital-specific clinical privileges for the scope of service outlined in #1. The Director of Neurology Services is qualified to assume management and administrative responsibility for the neurology service.
  - 2.2 The Director of Neurology Services directs the medical assistant for his/her clinic.
  - 2.3 The Director of Neurology Services is responsible to and receives general supervision from the Director of Medical Services.
  - 2.4 The neurology service receives administrative assistance and support from the Assistant Nursing Administrator in the areas of personnel management, environment management, and expenditures.

- 2.5 The neurology service includes a medical assistant who schedules appointments; organizes medical records, such as EEG results, etc.; and acts as the liaison between the neurology service and the treatment units.

The medical assistant is required to be certified in CPR with subsequent annual recertification and to attend annual inservices in the areas of infection control, fire plan/evacuation plan, disaster plan, body mechanics, and fire prevention.

3. Mechanism for Patient Referral.

- 3.1 Authorized prescribers, the patient's attending psychiatrist, or medical services personnel (physician/RNP) write a physician's order for neurology consultation, specifying rationale, suspected pathology, and clinical findings in the progress-note section of the medical record.
- 3.2 Medical Services, the prescribing physician, or nursing services completes the consultation request form specifying rationale for referral, suspected pathology, clinical findings, current medications, current drug blood levels, and any other pertinent information helpful to the neurologist. The consultation request form is sent to the neurology services by nursing personnel, and the medical assistant schedules an appointment. The medical assistant also schedules all follow-up appointments with the treatment unit.
- 3.3 Referrals may be made to outside medical providers for other neurology services (neurosurgery or other specialty areas) by the unit physician.

4. Medical Record

- 4.1 The hospital medical record accompanies the patient to the neurology clinic.
- 4.2 Report of consultation, diagnosis, assessment, treatment recommendations, and EEG interpretations may be handwritten on the consultation request form to return to the unit with the patient, or dictated with typed narrative to be sent to the treatment unit. A verbal evaluation from the neurologist is available to the unit the same day as the consultation.

02/02

## **Chapter 8    Neurology & EEG Clinics**

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### **POLICY:**

Neurology and EEG clinic are readily accessible to USH patients.

### **PROCEDURE:**

1. Physician's orders are required for all referrals to neurology and EEG clinic.
2. A consultation form is filled out by the RNP/MD or RN based upon the



RNP/MD progress note and includes rationale for visit and/or suspected pathology.

3. The unit clerk or designee e-mails to XRAY to request an appointment.
  - 3.1 The scheduler calls or e-mails the unit to make the appointment for neurology or EEG.
4. On the date of the appointment, the unit clerk or designee marks the physician's order so that it is easily identified for the visit and send the chart with the patient to the clinic.
  - 4.1 The technician checks the chart for the appropriate physician's order.
  - 4.2 If no physician's order is present, the technician may refuse to have the patient seen until an order is written.
5. The patient chart is returned with the patient and staff after the appointment. Dictation of the assessment is sent to the unit when completed.
6. All recommendations by the neurologist are reviewed by the unit psychiatrist and the MD/NP.

12/87; 4-94; 5/98; 02/02 neuro.pol